

MEDICAL EMERGENCY INFORMATION

In order to enable health facilities in Louisville to provide prompt emergency care to your minor child in the event of an accident, injury or illness, please complete the following information:

Name of child: _____

Persons to notify in case of an emergency:

Name _____

Relationship _____

Phone(s) _____

Name _____

Relationship Phone(s) _____

Special medical concerns/allergies: _____

Child's Physician _____

Phone _____

Insurance Company Policy # _____

Name of Policy Holder _____

Parent/Guardian Signature

Medical Consent and Release:

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ (child) and in the event of any sudden illness or accident, I authorize the camp to transport my child to an appropriate medical facility. I consent to the treatment and/or emergency procedures as deemed necessary or advisable by the hospital staff members

in charge of the emergency receiving room. I release DuPont Manual Lacrosse Camp and all its employees from claims of injuries sustained while attending camp or from claims that may hereafter be presented as a result of such injury. I will be responsible for any and all of the cost of the medical attention and treatment and have medical insurance to cover these costs.

I, as the parent or legal guardian of my child, understand that Lacrosse is an active, physical sport, and that injuries can take place during play. I also understand there will be a number of children attending the camp, there will be a limited number of coaches and counselors, and that my child cannot receive individual attention and supervision all of the time. I understand as with any sport injuries can occur, and I hereby acknowledge that my child is physically fit and mentally capable of participating in Lacrosse and camp activities.

I hereby give permission for my child to participate in the DuPont Manual Lacrosse Camp and do hereby release, waive and discharge the DuPont Manual Lacrosse Camp, all its staff and administration from all rights and claims for damages, accident, injury or loss to person or property which may be sustained or occur during participation in the DuPont Manual Lacrosse Camp.

Signature of Parent/Guardian Date

JCPS Photo Release:

I hereby give permission for my child to be photographed by camp staff or volunteers and said photo may be used in future promotional brochures or on the DuPont Manual Lacrosse Team website.

Signature of Parent/Guardian Date

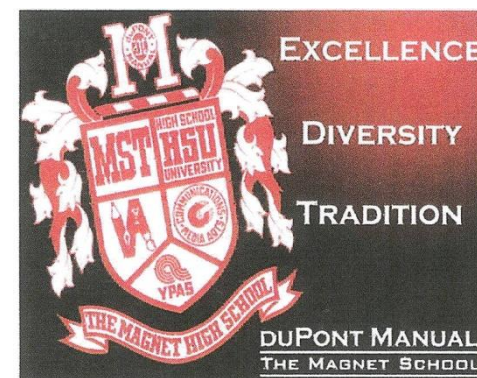


2010

DuPont Manual High School Boys Lacrosse Camp

(Rising 9th – 12th Graders)

Mon. July 12 – Wed. July 14
9 a.m. – 1 p.m.



COACHING STAFF

Devin Clifford

Manual Head Coach

- Coach of the Year 2010 Awarded by Kentucky Lacrosse Association
- Played Division 1 Lacrosse at Colgate University '03-'07
- Ranked 12th in Nation 2007
- Patriot League Tournament Runner Up 2007
- Ranked 16th in the Nation 2006
- Patriot League Season Champion 2006
- Invited to the German National Team 40-man tryout for the 2010 world games

James Lee

Manual Assistant Coach

- Offense Specialist
- Played for the Baltimore Lacrosse Club
- Played at Centennial HS, Maryland
- Maryland State Champion: 1998

Jim Hanauer

Manual Assistant Coach

- Manual '04 – '04, '05 Captain
- Started at #20 MCLA Univ. Illinois
- Head Coach of Champaign Centennial High School in Champaign IL for 4 years
- Played Semi-Professional Box Lacrosse in Canada for the Burnaby Burrards and the North Vancouver Indians
- Other teams include Pain Lacrosse, Eastern Illinois Club, Team Tuggy and Makers Mark
- Goalie Coach

CAMP INFORMATION

Players entering 9th through 12th Grades

Date: Mon., July 12 – Wed., July 14

Time: 9 a.m. - 1 p.m.

Place: DuPont Manual High School Football Stadium (Eastern Parkway to North on Burnett)

PURPOSE

The DuPont Manual Lacrosse Camp is designed to assist High School players in the development of their lacrosse skills. The camp will center on individual, small group, and team instruction. The coaching staff will assist players in learning and developing stick skills, lacrosse fundamentals, fitness training, field awareness and team strategies. Instruction will be differentiated to allow players at all levels of experience to improve upon their skills.

EQUIPMENT REQUIRED

Players are required to bring full equipment (helmet, gloves, stick, shoulder pads, elbow pads, mouth guard, and a cup). Players are encouraged to bring both cleats and tennis shoes. Goalies must have a throat protector attached to a lacrosse helmet, chest pad, and cup.

Some equipment may be available to loan.

Please note on your form if you need assistance in locating equipment.

Players are also encouraged to bring a snack and a water bottle as it is a long session! Additional drinks will be provided.

PLAYER REGISTRATION INFORMATION

Name _____

Address _____

Email: _____

Home Phone _____

Cell-Player _____ Parent _____

School (Fall 2010) _____

Grade (Fall 2010) _____ Age _____

Experience: Beginner 1Yr 2Yr 3Yr More
(Please circle)

Position _____

Shirt Size: Adult S M L
 Youth M L XL

TUITION

\$125

Sorry NO Prorating Possible

Please mail completed form and checks to:
(payable to DuPont Manual Lacrosse)

Pam Ruckriegel
2709 Anchor Way
Louisville, KY 40223
502-435-5524
Pam@MovingWithPam.com